LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Y sursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page 1 of 2 Page(s)
THIS SPACE FOR OFFICE USE ONLY

2005 MAY -8 PM 12: 45

SECRETARY OF STATE STATE OF IT 41/0

(Type or print clearly in black ink)
See instructions at bottom of page

		See instructions	at bott	om of page						- 1					
Lobbyist's name and permanent business address								Date prepared				Period covered			
James Hoover												month ending			
2636 Southwest Brooklane Drive								05/03/06							
Corvallis, Oregon 97333							03/03/03					(Mo.)	(Day)	(Yr.)	
Corvains, Oregon 97333												04	30	06	
Item 1	Totals	of all reportab	le exp	enditures made or	incurre	d by Lobb	yist o	r by	Lobbyist's Emplo	yer on l	ehalf o	f Lobbyi	st's Emplo	уег.	
Category of Expenditure Reimbursed Personal Living and Travel * Total Amount for					Proportionate amounts contributed by each employer (Item 3, at bottom of page.)					oyer (Ide	ntify en	nployers,	under		
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers		Employer No. 1		1	1 Employer No. 2		Employer No. 3		o. 3	Employer No. 4		
	Entertainment Food and Refreshment		\$0.00		\$	0.00		\$.		\$			\$		
Living	Living Accommodations		l _	0.00		0.0	00_	_							
Advertising			_	0.00		0.	00	_							
Travel	Travel			0.00		0.	00_	_							
Telepho	Telephone			0.00		0.	00	_					_		
Other E	Other Expenses or Services			0.00		0.	00	_							
		Total	\$_	0.00	s	0.	00	\$.	0.00	\$	(0.00	\$	0.00	
*\	When the num	ber of employer	i s you at	e reporting for requi	l ires mult	iple L-3 for	ns to	l be fil	led a total amount fo	l r all emp	loyers sh	ould be e	ntered on P	age l.	
Item									r or other holder of						
2	Date Place				Ar	noun		Names o	Names of Legislators & Public Officials in Group						
N/A			N/A			N/A					N/A				
اللم	Continued on attached page(s)								Item Control of the C						
INSTRUCTIONS								200 3	Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.							No.1 Bayer Corp. Pharm. Div., Bayer HealthCare LLC 400 Morgan Lane, West Haven, CT 06516								
	Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.							No.2							
TO BE FILED WITH: Ben Ysursa Secretary of State							No.3								
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No.4								

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible of personal property to any Legislator, or for or on behalf of any legislator.													
	D	ate	Amount			Name of Legislator Receiving	or Bene	fited					
	N/A		N/A	N/A									
ltem		Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which			LEGISLATIVE SUBJECT IDENTIFICATION								
5			as supporting or of	₹.	Code	Subject	Code	Subject					
17			N/A	N/A	02 03 04 05 06 07 08 09 10 11		18 19 20 21 22 23 24 25 26 27 28	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper,					
				o shove is a true, complete and on 67-6624 Idaho Code.			31	power, CATV, gas Other (please specify)					

Loopyist signature Date